

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594,893

FILING DATE

9-29-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4			1				
5			1				
6			1				
7			1				
8			1				
9			1				
10			1				
11			1				
12			3				
13			3				
14			3				
15			1				
16			1				
17			1				
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48							
49							
50							
TOTAL IND.		↓	2	↓		↓	
TOTAL DEP.	←	24	←		←		←
TOTAL CLAIMS			26				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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96							
97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.	←	2	←	2	←	2	←
TOTAL CLAIMS			26				